

Elizabeth L. Baker

Town

County

MARYLAND

Died at

Marriottsville

Howard

Date 1903

Month

Day

Sept 3

Native of

Occupation

Age

24 minutes after birth did not breathe

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~ of

Born at full term

~~Wife~~

Father's Name

Thomas Baker

Mother's

Maiden Name

Ella Souder

Cause of

Primary

Breech presentation

How long sick

24 minutes

Death

Immediate

detach placenta before delivery

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Benj. F. Stapley, M.D.

Address

Alpha

Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

This child apparently healthy, breech
presentation, Body born about 12
minutes before head was delivered
by forceps which occupied about
8 or 9 minutes in adjusting & deliv-
ering & without much difficulty
the child did not breathe after
delivery but the heart beat for
24 minutes after birth
B. F. S.,

Name
in
Full

Richard C. Bathgate

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott Heights</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death 1903	<i>Dec</i> ^{Month}	<i>18</i> ^{Day}	<i>36</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Carpenter</i>				
Name of Wife or Husband <i>Mary Stephens</i>					
Father's Name <i>Charles Bathgate</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i></i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Dr. G. B. Pring</i>			How related to deceased <i>physician</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Injury</i>	How long
Immediate <i>Blood poisoning</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thor B. Pring</i>
	Address <i>Ellicott Heights Maryland</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Josephine Irene Bittney*

Town *Doughstown* County *Howard* MARYLAND

Died at *Doughstown*

Date of death *1903 Dec. 30* Age *19* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *House duties* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *William E. Bittney*

Father's Name *Isiah Thompson* Father's Birthplace *Md.*

Mother's Maiden Name *Mahalia Snyder* Mother's Birthplace *Md.*

Name of person giving information *Isiah Thompson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *One year*

Immediate *Arteremia* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. M. Rogers M.D.*

Address *Union City, Md.*

Accident or Suicide? *—*



Ray Samuel Boston

Town

County

MARYLAND

Died at

Guilford

Howard

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Dec 4

Age

9.29

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Albert Boston

Mother's

Maiden Name

90.
Annie E. Barnes

Cause of

Primary

Bronchitis

How long sick

5 days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

L. C. Keenan, M.D.

Address

Guilford

Howard Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Carl A. Florstedt

Town

County

Died at

Allenton

Howard

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1903

12-6

Age

2

4-25

Ind

Infant

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Frank Florstedt

Mother's

Name

Hora Carl

Cause of

Primary

Acute Laryngitis

How long sick

8 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

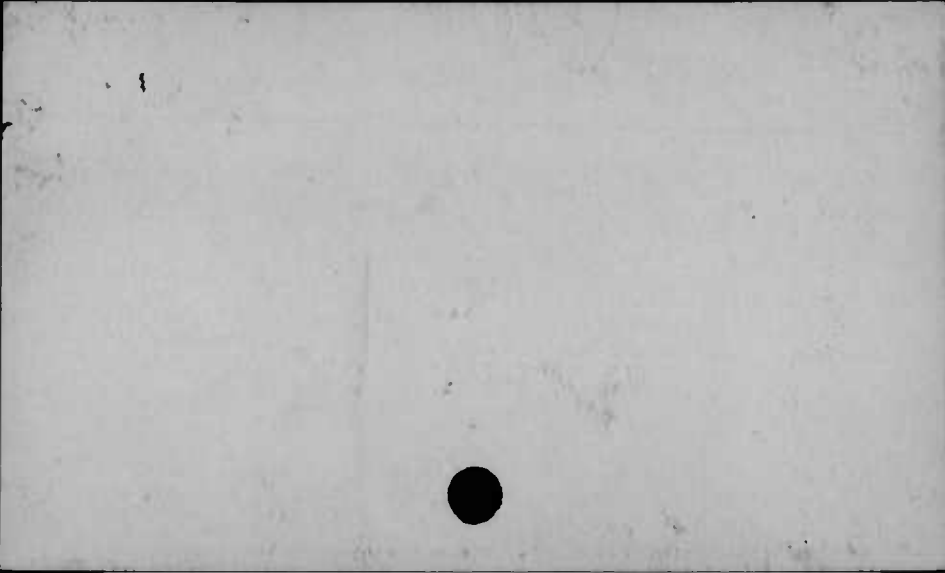
W. L. Williams M.D.

Address

Savage Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1906



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Leominster

County Harrison

MARYLAND

Date of death 190 3	Month Apr	Day 20
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Age 26 Years

Months
9

Days

Sex *Male*

Color or Race

Black

Birth-
place

Married, Single
or Widowed *Married*

Occupation *Labourer*

Name of Wife or Husband *Lucille Floyd*

Father's Name Alvin Floyd

Father's Birthplace



Mother's
Maiden Name *Courtesy Lewis*

Mother's Birthplace

12

Name of person giving information *Jessie Ford*

How related
to deceased

Wife

CAUSES OF DEATH

Primary *Sa Mi Tawik*

How long **3 months**

Immediate

How long 3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Trinitaria 42

Address

Savage

Accident or Suicide?

Miss

11



Name
in
Full

Ellas Waters Giddings

CERTIFICATE OF DEATH

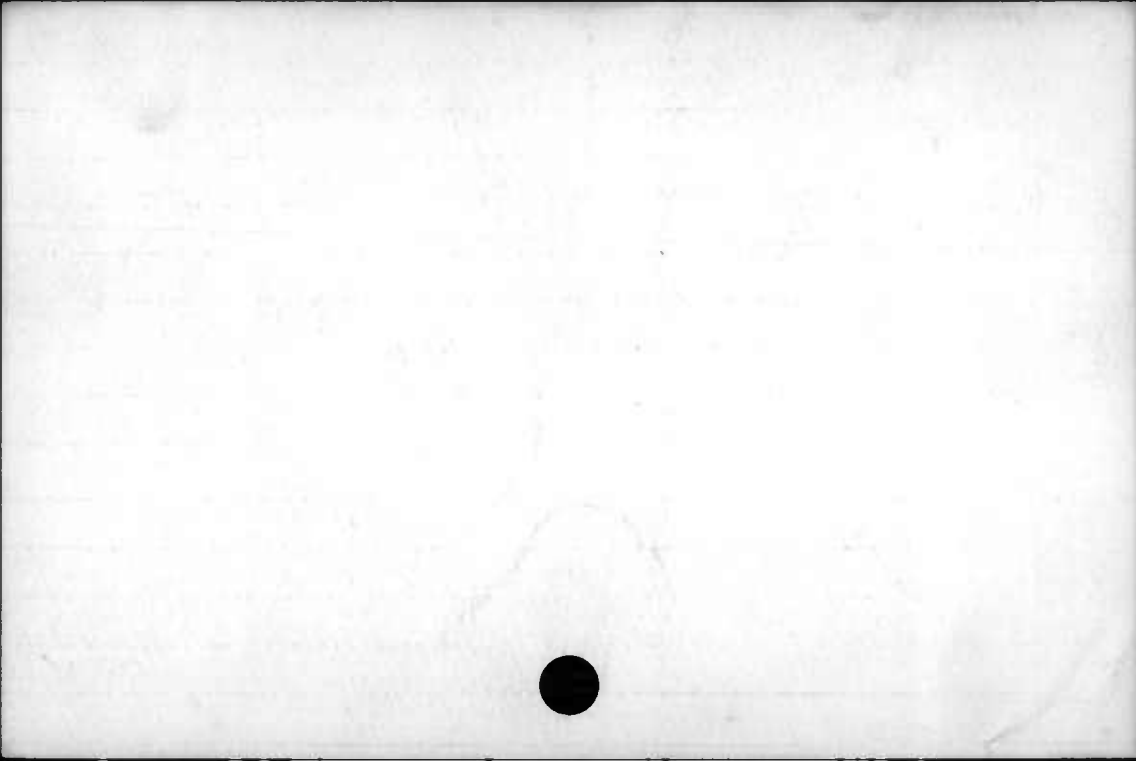
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>High Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Dec.</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>23</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co. Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i></i>			
Name of Wife or Husband <i></i>					
Father's Name <i>Geo H. Giddings</i>			Father's Birthplace <i>Pr. Geo. Co. Md.</i>		
Mother's Maiden Name <i>Lena Cross</i>			Mother's Birthplace <i>Howard Co. Md.</i>		
Name of person giving information <i>Geo H. Giddings</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever.</i>	How long <i>2 weeks</i>
Immediate <i>Cardiac Failure</i>	How long <i>2 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Ryerly</i>
	Address <i>Samuel</i>
	<i>Md.</i>
Accident or Suicide? <i></i>	



Name in Full

Certificate of Death

Mrs. Annie Henry

Town

County

Died at Simpsonville Howard

MARYLAND

Date 1913

Month Day

12-30

Age 93

Y. M. D.

Native of

Md

Occupation

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

Heart Failure

How long sick

5 days

Accident, Suicide, Homicide

Reported by

W. H. L. Cissel

Address

Highland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frank B. Harker

Town

County

Died at

Connellsville

Pa

MARYLAND

Date 19 ⁰³ Dec 23th 1903 Y. M. D. Age 45- Native of Md Occupation Carpenter
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 3-

Husband

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary Spicker

Henry Harker

Maiden Name

Mother's

Angela Harker

How long sick

Accident, Suicide, Homicide

Reported by Cowan & Gill Under Taken
 Elk Ridge, Md

A S Hagan
Coroner of
Connellsville Pa

Name in Full

Certificate of Death

William N. Humphrey

Town

County

Died at Elk Ridge Howard

MARYLAND

Date 1903 Dec. 15 Y. M. D. Age 22 - - Native of Md Occupation Machinist

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~Husband
of

Wife

Father's Name John Humphrey Mother's Name Alverta Young

Cause of Primary Pneumonia, Pleurisy

How long sick
28 days

Death Immediate Empyema - Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Wm. R. Eareckson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

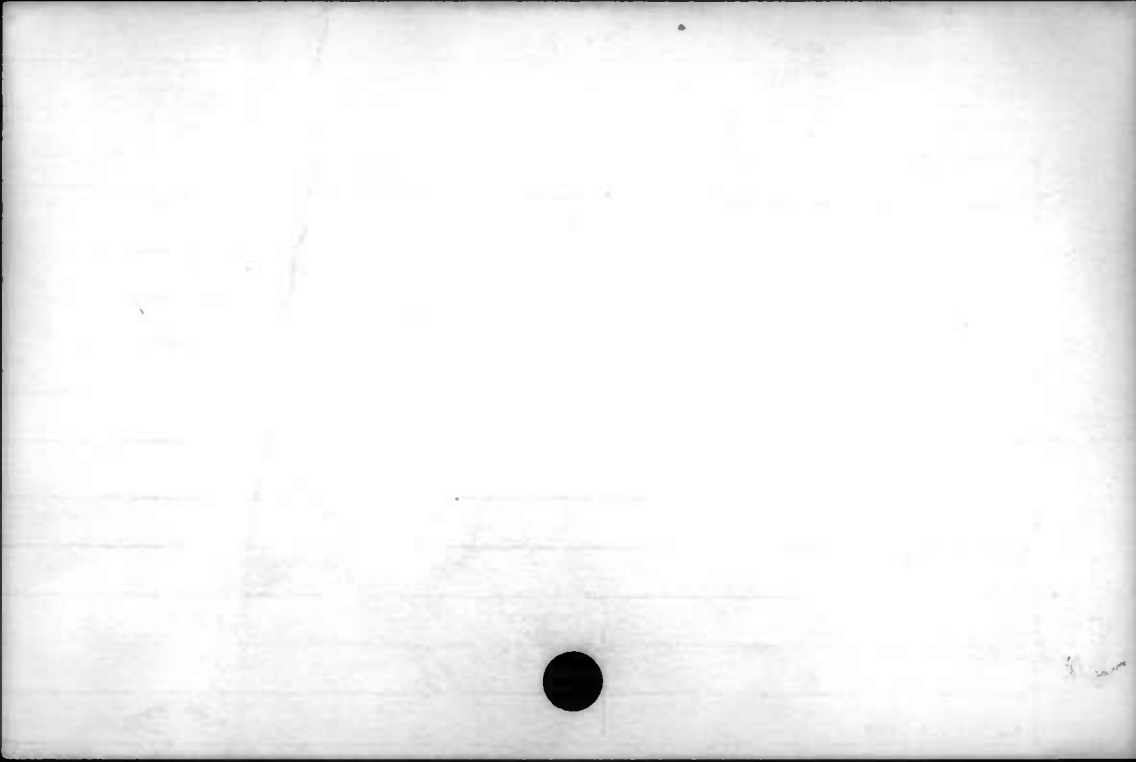
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie B. Johnson</i>		Town <i>Ellicott City</i>		County <i>Harvard</i>		MARYLAND	
Died at <i>Ellicott City</i>		Month <i>Dec</i>		Day <i>23</i>		Age Years _____ Months _____ Days _____	
Date of death 190 <i>3</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed _____				Occupation _____			
Name of Wife or Husband _____							
Father's Name <i>Hunter Johnson</i>				Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Amelia Johnson S.</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>P. Johnson</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Probably defect at birth</i>	How long
Immediate	<i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>J. H. B. Rogers</i>
		Address
Accident or Suicide?		



Name in Full

Certificate of Death

Herbert Gordon Jenkins

Town

County

Died at

Dairy

Howard

MARYLAND

Date 1913

Month Day

Dec 20

Y.

M.

D.

Native of

Occupation

Age

6-10 Co. Howard

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband of
Wife

Father's

Name

Wm Bruce Jenkins

Mother's

Name

Elle Stoffle

Cause of

Primary

Cyanosis

How long sick

9 months

Death

Immediate

Heart & Strabismus

Accident, Suicide, Homicide

Reported by

Dr J W Shreve

Address

unity

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19000



Name in Full

Certificate of Death

James Kennedy

Died at ^{Town} Woodstock ^{County} Howard

MARYLAND

Date 1903 ^{Month} Dec ^{Day} 25 ^{Age} 65 ^{Y.} ^{M.} ^{D.} ^{Native of} Ireland ^{Occupation} Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 5

Husband of Jennie England

Father's Name unknown

Mother's

Maiden Name

Unknown

Cause of Death { Primary appoplexy (from excessive drinking) How long sick about 1 hr
Immediate shock Accident, Suicide, Homicide

Reported by

Benj. F. Shipley

M. D.

Address

alpha

Howard

Res

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.D.



Name in Full

Certificate of Death

Name in Full *Mr. Ellen Lambert*
 Died at *Exeter, New York* County *Rockland* MARYLAND
 Date 1900 *Dec. 28th* Month *Dec.* Day *28th* Y. *79* M. *9* D. *9* Native of *Exeter, N.Y.* Occupation *Housewife*
~~Male~~ *Female* ~~White~~ *Colored* ~~Married~~ *Single* ~~Widow~~ *Widower* ~~Divorced~~ *Number of children living 6*
 Husband of *Ellen Lambert* *64*
 Wife of *Ellen Lambert*
 Father's Name *Ellen Lambert* Mother's Maiden Name *Ellen Haines*
 Cause of Death { Primary *Cerebral Hemorrhage* How long sick *16 yrs.*
 { Immediate *Exhaustion &c* Accident, Suicide, Homicide
 Reported by *Mr. R. E. Erickson*
 Address *Ex R. Ridge, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emily Jane Neal

Town

County

Died at

Alberton

Howard

MARYLAND

Date 1903 Month Dec. Day 29 Y. 53 M. 3 D. 17 Native of Howard Co., Md. Occupation Housewife
 Male ☒ White ☒ Married ☒ Widowed ☒ ~~Single~~
 Female ☐ Colored ☐ Single ☐ Widowed ☐ Number of children living 8

~~Wife~~ of Richard Thomas Neal
 Father's Name Joshua Crew Mother's Name Eliza Brown
 Cause of Death Primary Tuberculosis, Pulmonary & Intestinal How long sick 6 months
 Immediate Asthenia ~~Accident, Suicide, Homicide~~

Reported by

W. B. Gambrell, M.D.

Address

AlbertonHoward Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Jon Streaker
at heart

S R

Name in Full

Certificate of Death

Airy Pooler.

Town

County

Died at *George**Howard*

MARYLAND

Date 1903. *Dec.* *10* | Y. *87* | M. *—* | D. *—* | Native of *Maryland* | Occupation *Housewife*

Male *White* Married *Widow* Divorced *Number of children living 6*

Female *Colored* Single *Widower*

Husband of *Arrow Poole*

Wife

Father's Name *Airy Horton*

Mother's Maiden Name

Cause of Death { Primary *General Debility; Mitral Regurgitation; 5 months*

Death { Immediate *Heart failure; 19*

~~Accident, Suicide, Homicide~~

Reported by *John W. H. & Son*Address *West: Friendship*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Savage</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1903</i>	<i>12</i> Month	<i>9</i> Day	Age <i>54</i> Years	<i>6</i> Months	<i>9</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Capon Vallen Va</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>P.</i>				
Married, Single or Widowed <i>Married</i>	Name of wife or Husband <i>Sarah J Pugh</i>				
Father's Name <i>Darius Pugh</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Elizabeth Henslow</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Sarah J Pugh</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>20 days</i>
Immediate <i>Heart failure</i>	How long <i>3 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. W. Harrison M.D.</i>
	Address <i>Savage Md</i>
Accident or Suicide? <i>within</i>	



William Hunter Richards

Town

County

Died at Dr Fort's School

Howard

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

12

5

Age

22

10

9

United States

—

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death Immediate

Asthma

How long sick

9 months

Accident, Suicide, Homicide

Reported by

Samuel J. Fort M. D.

Address

Ellicott City Maryland

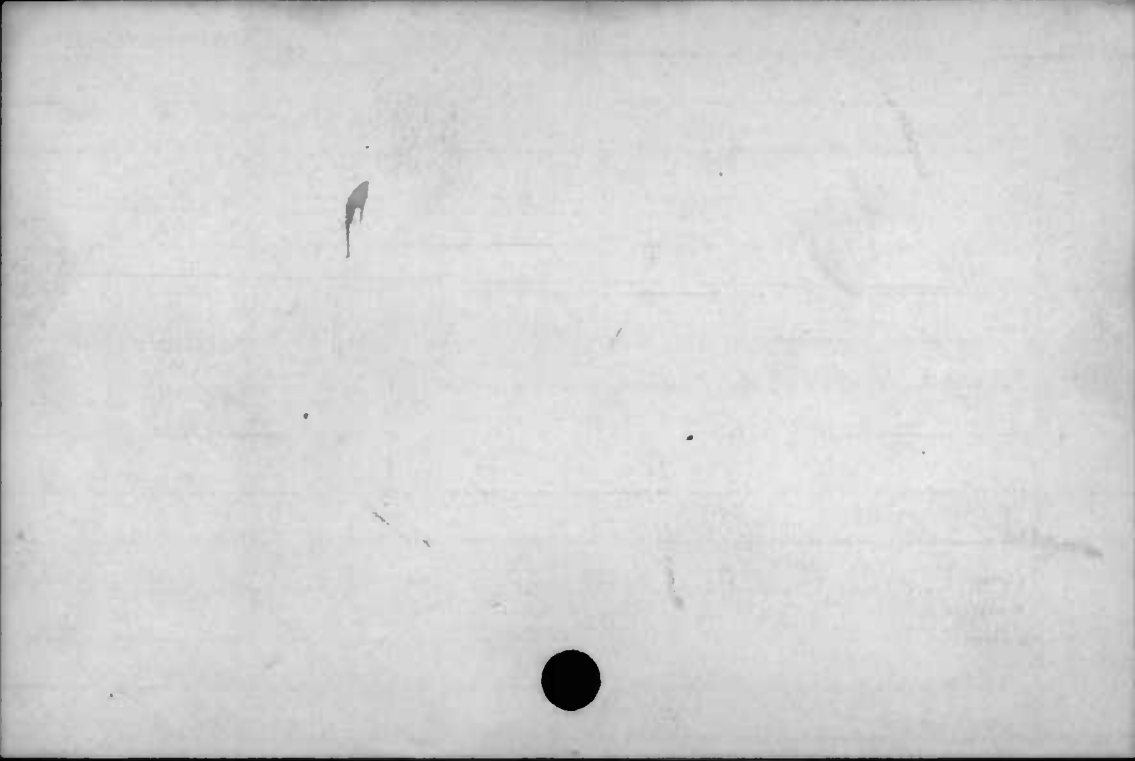
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Charles W Sinclair		County Howard		CERTIFICATE OF DEATH	
Died in Howard		Maryland			
Date of death 1903		Month Dec	Day 2	Years 11	Months 5
Sex Male		Color or Race White		Birth-place Bolton Md	
Occupation none		Where Residing if not at place of death in Howard Co Md			
Married, Single or Widowed single		Name of Wife or Husband			
Father's Name Joseph C Sinclair		Father's Birthplace Bolton Md			
Mother's Maiden Name Louisa F Horv		Mother's Birthplace Bolton Md			
Name of person giving information Joseph C Sinclair		How related to deceased Father			
CAUSES OF DEATH					
Primary congenital defect in brain formation		How long 11 yrs			
Immediate defective heart action and drops		How long 3 months			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Arthur Williams			
		Address Elk Ridge Howard Co Md			
Accident or Suicide? no					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Kishulmina Wassonski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dayton</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Dec</i> ^{Day}	<i>24</i> ^{Age}	<i>70</i> ^{Years}	<i>3</i> ^{Months}
Sex <i>White Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>August Wassonski</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>S. A. Nichols</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Stenosis of Heart</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. A. Nichols M.D.</i>
	Address <i>Dayton Md</i>
Accident or Suicide?	



Mary Wilson

Town

County

Died near Elk Ridge

Howard

MARYLAND

Date 1903 Dec. 10 Y. M. D. Age 17- — Native of Md. Occupation Housewife

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

Husband
of
Wife

Father's Name George Wilson Mother's Maiden Name Victoria Turner

Cause of Death { Primary Acute Pulmonary Tuberculosis How long sick 6 months
Immediate Confinement - Exhaustion Accident, Suicide, Homicide

Reported by Wm R. Earsickson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wilson - (Infant)

Died at ^{Town} near Eek Ridge ^{County} Howard MARYLANDDate 1903 ^{Month} Dec ^{Day} 6 ^{Y.} — ^{M.} — ^{Age} 3 hours ^{Native of} Md ^{Occupation} —~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of —

Wife

Father's

Mother's

Name

Maiden Name

Mary Wilson

Cause of { Primary Very weak infant - died in

How long sick

3 hours

Death { Immediate 3 hours from birth

Accident, Suicide, Homicide

Reported by W. R. Eareckson

Address Eek Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Willow